

Golly, we put a man on the Moon in 1969. It took us about 8 years to do it. We caught Russia and passed them because we had the determination, the will to do that. And you tell me now, 50 years later, that we can't solve this problem without just saying, Look, we throw up our hands. We can't do it. The Federal Government, you take it over and run our health care system and let's have everybody on Medicare or Medicaid.

No. We have a lot of things that we can work together on, and we need to do that.

This idea of medical liability reform and the savings that it brings, certainly it should be on the table, and heretofore it has not been. There's not one section in any of the three bills that came through the House or the two bills that came through the Senate. We need that, just as we need, Mr. Speaker, a comprehensive electronic medical records system. That's another cost saver of maybe \$150 billion a year.

Yes, there's some upfront costs. Indeed, I think the President put \$19 billion into the economic stimulus package to make sure the government continues its efforts to set the standards so that all these computer systems, hardware, software, for every specialty and every subspecialty, can talk to the Medicare system, can talk to the Medicaid system, can talk to the VA, can talk to the military, can talk to every private insurance company across this country.

So if you go on vacation and if you have a little card about the size of a VISA card or American Express card that's got your identification in there, very secure and encrypted, and you're at the South Pole, for goodness sakes, and you fall and hit your head on the ice and you're in a coma and they take you to the emergency room, somebody can reach in your back pocket, get your wallet out, swipe that card and know exactly what your medical history is, what medications you're on; if you're taking Plavix, not inadvertently give you Coumadin and kill you. So electronic medical records is something that we can, should, and I think do agree on.

Mr. Speaker, I think that if we put the bickering, as the President said, try to put the bickering aside and listen, and the majority party allows the minority party in the room, we can do this. We can do this. And I think the American people would be proud of it.

There's one other thing that I have been proposing and my colleagues on this side of aisle, this idea of why is it that people can only buy health insurance in their own State. Their own State may have passed all kinds of mandates on health insurance that require a test for this, a test for that, coverage for this, coverage for that. All of these things that sound nice when you propose them, but they are part of a basic policy, and so every policy that's sold in the State has to include all those things.

Well, these people can't afford health insurance in that particular State. Maybe it's my own State of Georgia, or Alabama, Louisiana, or Florida, Massachusetts. But yet, they are forced to buy insurance in their own State—and many of them don't because they can't afford it.

Well, let's let them go online and shop in a neighboring State or anywhere in the country that they want to look and see. Just like on Medicare part D, the prescription drug plan, you will see that the competition in the free market will keep those prices down and make them competitive and that an individual can pick a policy that's almost tailor-made for him or her, just as they do in the prescription drug plan.

In the prescription drug plan, part D of Medicare, my mom goes online and she makes a list of the six medications that she's on and she gives her Social Security number, she gives her zip code so that she would know which pharmacies are close to her and what plans are available, and she looks and sees how much the different plans charge for the medications that she's on. She doesn't care what they charge for something that she's not taking. That doesn't matter to her. It's the uniqueness of her that allows her to shop in that way and get the best price.

We can do that with these health plans through these exchanges. We can set up these high-risk pools so that people that have birth defects or they come down early in life with type 1 diabetes or they have osteoporosis or multiple diseases, they can become part of a high-risk pool in each State. And we can say to the insurance companies once again, You have to participate and you can't charge more than 1½ percent—1½ times what the standard rates are.

Again, I started out the hour specifically talking about medical liability reform and the significant savings. I think I even referred to it as a silver bullet worth of savings. And I think that that is something that certainly ought to be—if we pass health reform this year, that certainly should be a major provision; electronic medical records, of course, as well, and many of the things that I mentioned. But to just throw up your hands and say, We can't do it.

We have got 435 of the best and brightest people in this country serving this Congress. All walks of life, all educational levels, all previous professions, and we can't do this? We have to just literally toss up our hands and say, Let's let the Federal Government do it?

There yet is not one word in this Constitution that talks about health care and the requirement of the Federal Government providing health care, not one word, and I look at it often, my colleagues. I look at the glossary often.

I look at things like: Arms, the right to bear; assembly, the right of; counsel, the right to; grievances—we talked

about that earlier, didn't we—redress of; petition the government, the right to; the press, freedom of; religion, freedom of; speech, freedom of. But not one word about health care.

I want to just close by saying to my colleagues, we don't want to let the Federal Government take over our health care system. There's an art to medicine. It's not an exact science, and we don't need bureaucrats getting between our doctors and our patients.

The American people are telling us that. And I say woe be unto us if we turn our back on them and force a government-run health care system down the throats of the American people by some parliamentary trickery. I hope, Mr. Speaker, that my colleagues are smarter than that. I know they are. I know they are.

In the final analysis, we're going to do the right thing, and I hope and pray that we do it in a bipartisan way.

□ 1630

30-SOMETHING WORKING GROUP

The SPEAKER pro tempore (Mr. CARSON of Indiana). Under the Speaker's announced policy of January 6, 2009, the gentleman from Florida (Mr. MEEK) is recognized for 60 minutes.

Mr. MEEK of Florida. Mr. Speaker, once again it's an honor to come before the House, and I look forward to always coming to the floor. As you know, the 30 Something Working Group, we've been working now not only through the 108th Congress but all the way up through the 111th Congress. We pride ourselves on coming to the floor, talking about issues that are not only facing Americans but the challenge that we have as policymakers here in Washington, D.C., to make sure that we provide the kind of leadership that the constituents in our various districts, the people in our States and, of course, the entire country deserve. To try to achieve that is definitely a hard thing to do at times but very easy to do when we work together.

As I start off every Special Order, Mr. Speaker and Members, I just want us to continue to stay focused on what's going on not only here domestically but also throughout the world, not only our men and women in uniform but those that work in the Diplomatic Corps and the State Department who are deployed throughout the world. We do know that we have individuals who have to clean sand out of their boots and stand up on behalf of our country in the theater of war in two areas.

As of today at 10 a.m., the death toll in Iraq is 4,347 troops and soldiers; those who were wounded in action and have returned to duty is 17,633; also wounded in action, not returning to duty is 3,861. The death toll in Afghanistan, Operation Enduring Freedom, is 830; wounded in action and have returned to duty is 1,506; wounded in action but not returning to duty is 2,390.

I think it's important, Mr. Speaker, that every time we get the opportunity, we definitely appreciate not only those that are enlisted now, but the Reservists, National Guard units, the many veterans out there who have served and also their families. We must show them a great deal of appreciation to allow us to salute one flag. My uncle served in the Korean War and saw a little action in the Vietnam War. He recently passed on. He was not only honored to get medical health care at the end of his life over at Bay Pines Medical Center in Bay Pines, Florida, but he also had the honor, along with many heroes and sheroes, to have his final resting place be over at Arlington National Cemetery.

Mr. Speaker, there has been a lot of discussion about this issue of health care, and I think that it's important that we continue to have not only that discussion but some action. When I first came to the floor last week and we reconvened as a Congress, we talked about a number of the issues that are facing not only Americans, but we have talked about what happened at town hall meetings, and we have talked about that we wondered where the President stands. We had a lot of discussion going back and forth, whether it be members of the Republican Caucus or members of the Democratic Caucus and even our two Independents who are over in the U.S. Senate, a great discussion, a great discourse, a lot of CONGRESSIONAL RECORD statements made. A lot were entered without an official statement on the floor, but just in writing.

And still this debate continues. We know that we have at least four working documents that are out there right now. We know that the chairman of the Finance Committee in the Senate has been working, along with Senators on both sides of the aisle, to be able to come to some sort of resolution where Americans will be able to say that those of us here in Washington are working and that we will get to a final resolution more sooner than later to make sure that the insurance companies are no longer doing what they have been doing to the American people and what they are doing to the American people. That is, pushing up rates, pushing up copays, and denying coverage for some Americans when they have worked very, very hard. Some people pay \$300, \$400 in a paycheck, some personal testimonies, \$1,200 for a 4-week period to insure their families.

Now I'm not going to stand here and tell you that they were able to do that on their own. They are able to keep not only the CEO's benefits at the levels that they are—benefits that an average American would never see or paychecks that the average American would never see. The average American will never be able to live in the type of gated community that some of these insurance executives are living in right now. And the executives will never be

able to understand what it means to visit their doctor and be denied coverage for a procedure that is needed. They would never have that opportunity. But I'm not going to even blame it on the insurance executives, to say that they have set forth the environment in which they are able to stand in judgment of an individual's health care, even when there is a doctor that is recommending that their patient receive a certain procedure or a test that has to be carried out.

The environment would not be what it is today if the Congress was to do its job. If we were to do our job, then we wouldn't have some of the horror stories that we've been hearing over a period of time. We would not have constituents calling their Congressman or Congresswoman saying, I need you to call this 1-800 number for me because I need an operation or my husband needs an operation or my child needs an operation. We cannot operate that way because everyone can't call their Member of Congress or their elected official or the mayor to be able to stand for them. It is important, and I come to the floor today to say that it's imperative—even adding on to important, even more—that we follow through.

Mr. Speaker, I'm speaking here with a bipartisan voice because something that I saw when the President came to speak to us last week—it seems like it was 2 weeks ago but it was last week—he talked about passing a health care package that would not add one red cent to the debt. I think that's important. I think that's a value that this Congress can embrace on both sides of the aisle. He also said that he would not sign a bill that would allow insurance companies to deny people based on preexisting conditions or family history. That's a value. That's something sound that we can both agree with. I was pleased to see my colleague on the Republican side of the aisle in the Republican response after the President's speech say, There are some things that we agree on, and that was one of them—no longer allowing insurance companies to deny individuals on family history or preexisting conditions. That was major, as far as I'm concerned.

I was, once upon a time, a public worker, a State trooper in Florida; and even before I was a student at Florida A&M, I was a skycap at the airport. I used to carry furniture at the Jewish Home for the Aged down in Miami. I have worked in the thrift shop. And even though part of that time I enjoyed being on my mother's health plan, I knew what it meant to kind of be in that area where, "I hope I don't get hurt because I don't have the kind of insurance that I need as a skycap." Now it's important that we take this "no longer being denied on preexisting conditions or family history" and look at that as a bipartisan move from this point on. There should no longer be a debate on whether we agree on that or not. That's a softball.

But I want to say, Mr. Speaker and Members, that it took us decades to get to that point. The reason why Members are now emboldened to say, Well, I agree with that provision, is that the leadership was provided to set the environment for them to say yes to that, for Democrats to say yes to that, for Republicans to say yes to that, and for our two Independents in the Senate to say yes to that, that they agree with that as a principle and a bedrock of this health care reform.

I think something that's also so very, very important—many times here on this floor, we have had discussions of urban versus rural. When you look at this health care debate, and you look at how Members are coming to the table, needing not only the resources to be able to bring about a medical home for individuals that do have insurance—and in this bill we're achieving that, of making sure that a super, super majority, into the high nineties, have an insurance card and that they're able to go in and get preventive care and to also go in and get a procedure that they need and cannot be denied—but to be able to have that, they have to have a medical home. In the legislation, we're talking about community health centers having more capacity to be able to take on everyday Americans, not just indigent, not just individuals that don't have a primary doctor. This is to allow individuals that are in the top 1 percent or the top 2 percent of income gatherers here in this country to be able to go to their medical home, whether it be a community health center or they can go to their own doctor, but they'll at least have the capacity to be able to have that medical home. This is important in rural America and in rural Florida.

Right now as I travel throughout the State of Florida, there are a number of people saying, You know, KENDRICK, I kind of like this health care thing, but I don't have a car, and I have to drive 2 or 3 hours to go see a primary doctor. The reason why that primary doctor is not there is because of the lack of Medicare or Medicaid reimbursement or a constituency that will help keep that practice afloat. So when you have in not only H.R. 3200 but in other work products that are here in Congress these community health centers as a foundation, as a base, as a bedrock of this health care reform package, I think we would look at it from the standpoint of saying that people will have a medical home to go to, but they will no longer have to drive for miles and miles and miles and lose doctors that come in and do their residency but cannot afford to stay in that rural or emerging county as it relates to that population because they don't have the backing and the incentives.

I can tell you in that House product that those incentives are there to be able to not only encourage those doctors and medical professionals to stay there but to provide a medical home.

Now I want to let you know that as we look at the different proposals—and

we know that Members have their own version of what they feel health care reform should be—I can tell you with the proper leadership, I know that Democrats, Republicans and Independents can come together on making sure that we work with a public and private system as we see in both proposals, in both House and Senate, one that has a private exchange along with a public option that will allow those who cannot afford to be a part of the private exchange to no longer find themselves in the ranks of the uninsured.

Now why do I say that, Members? I say that that is key and that is important so that the individuals that do have insurance—like myself and probably everyone in this Chamber because we are public workers—that they will no longer take our premiums up throughout America to 250-plus million Americans that do have insurance because of the uninsured ranks there because someone has to pay for their health care. And that's the reason why we have the \$20 tablet of aspirin. That's the reason why a box of tissues in the hospital is far beyond anything that you would ever pay for, even if you were to go into the gift shop in a Ritz-Carlton to buy a box of tissue. It costs more in that public hospital or that private hospital than it costs at some five-star hotel because that cost has to be covered somehow, somehow.

It's very, very important that everyone understands, as it relates to this overall application of health care, that we have to make sure that we provide a public and a private opportunity for individuals to be able to receive insurance. I come from a State, Mr. Speaker, where you have over 3,500 Floridians that lose their insurance every week. That's the reality. That's what's going on. And to just use that statistic as some sort of backdrop for a political speech or a backdrop to just make a point is really robbery to those individuals of the 3,500 and the 80 percent of Floridians that do have insurance. It's robbery to be able to use that as a talking point without following it up to say that action will take place; and we will have a paradigm shift to make sure those 3,500 Floridians—which adds up to a little bit over 80,000, 85,000 Floridians that are losing their insurance every year. And that automatically we know for that 80 percent or a super majority of Floridians that do have insurance, many of whom, I must add, Mr. Speaker, are on Medicare, which I must say is a public option and a lot of people would have a lot of choice words if you tried to do away with Medicare now.

□ 1645

I think that it's important that we also understand that in this debate Members are going to be misunderstood, but the foundation of the debate should be about action. I have a book full of statistics, both pro and con. The statistics are not going to help bring insurance costs down or make sure

that people have health care or make sure that individuals do not find themselves becoming bankrupt because one of their family members has a medical emergency and their insurance ran out in the first 10 days and now they're on their own and they're in open water.

And we have some facilities, believe it or not, legal or illegal, denying care to individuals that are Americans, those that have paid their taxes and have done all of the things we've asked them to do, but based on the fact that they don't have enough coverage, are underinsured, and those that find themselves uninsured because they cannot afford the premium or they can't afford the copays, they find themselves waiting. We have a lot of 50-somethings and early 60-somethings that are waiting to make it to Medicare for them to get a procedure that they should have gotten 7 years ago. And now the situation is even worse. It's going to cost not only me more, but it's going to cost everyone that I represent back in Florida more because of the paralysis of analysis that has taken place here in the halls of Congress.

Let me tell you there were some things that I was very pleased to hear during the joint session. I was happy to hear that the President was determined to be the last President to deal with this issue because I have been in politics now, or, you may say, elected service, as a public servant now for 15 years, going on 16 years. I am a second-generation Member, Mr. Speaker, as you can also appreciate. My mother before me served in this House for some 10 years. Then before that she served in the legislature and the senate and the House of Representatives and worked at a community college. So we come from a family of public servants. I was a State trooper, served in the legislature for 8 years, came here and am serving to the best of my ability.

I can't remember an election, Mr. Speaker, that I didn't have somewhere in a stump speech that I wanted to make sure that we can make health care affordable for all Americans and bring down the costs of health care for those that are paying too much and getting too little.

This health care reform package is more of a bill of rights for those of us that are out here punching in and punching out every day, signing in and signing out every day, making sure that we raise our children and do the things that we need to do to make this country strong. This bill and this concept of reform is not only for health care insurance but making sure that no American that pays for insurance finds themselves in a situation where they've sacrificed what kind of milk they buy, need it be soy milk or regular milk; or what kind of bread they buy, need it be the bread on sale or whole wheat bread; or what kind of eggs they buy, need it be organic or nonorganic eggs. It should not be based on the fact that, well, I have to pay

\$400 or \$300 out of every pay period to be able to cover health care costs for my family, for it to be there when we need it, and then they find themselves in a situation when they need it and they pull that card out of their wallet, Mr. Speaker, thinking that they're on their way to getting something, to only find out that the card that they had in their wallet wasn't even worth the plastic that it was made out of.

They find themselves paying out of pocket, even before, some \$25 to \$3,000 or \$1,600 of money that they didn't have in the first place—I'm going to break this down—going to the credit union trying to get a signature loan. This is for real. This is what happens in America. This is what happens in Florida every day. Calling family members, disclosing to third cousins the personal medical crisis that they're going through that's quite personal in many cases, to be able to swallow pride and ask them for help when they've been paying \$200, \$300 out of their pay period for health care insurance. That's not what it's about.

So I'm seeing, Mr. Speaker and Members, and I'm pleased to see, that the debate is now moving forward. We agree that something should happen, and something will happen. And the leadership, from the executive branch to legislative leaders, are saying if there are constructive components that can be placed into this insurance reform legislation, then we definitely would like to hear it.

Now, I, for one, have not and will not in this debate come to the floor to advocate any Canadian-style plan that's just a public plan. That's not what it's about, even though we know that Medicare is a plan that's similar but not the same. Medicare has private entities that are there that are helping to close the gap, but the Federal Government is making sure that our seniors that have paid into it have something to fall back on.

I can tell you also that when we look at this issue of health care and we look at the experience that real Americans and, I would add, Floridians are going through today, I wanted to come here today with really a voice of what the everyday individual is paying and what they're getting. 535 Members between the House and Senate. I think it's important that people understand that our experience is totally different from the everyday American or our constituents' experience. In 7 years in Congress, I must say that I have had some family members that have had a medical dilemma. I haven't been denied anything. I'm a Member of Congress. I don't think my constituents, and I said this last week and I will say it this week, elected me to say, Kendrick, I want you, your wife, and your two children to have better health than I could ever have. I just want you to have that, and that's the reason why I'm showing up early at seven o'clock on a Tuesday morning to vote for you.

No. I think they voted to say that I know that you know what I'm going

through, and I'm sending you to Washington, D.C., to give voice to my cause. And the cause of the everyday American is making sure that government will not be a part of the handshake deal, need it be a Democrat or Republican administration.

The fact that doctors are spending more and more time on the phone talking to someone in Sioux City, Iowa, like David Letterman would say, in a cubicle, trying to convince them that their patient needs a procedure or a test and that they need to cover it, they should not look at that person's file and say, Oh, well, you've had this, that, and the other. Well, I don't think that you're eligible for it. If you're paying for it, you get it. That's the school I come from.

So I think that it's important that no matter what your economic background is, you go into work every day and you buy health care insurance, you're in an exchange, and you have put forth the sacrifice, that you weren't able to put dollars into a college fund, that you were not able to do the things that you wanted to do, need it be whatever your religion may be, that when it comes around to that time of year, you weren't able to provide the kinds of things you wanted to provide. You were not able to have that vacation that you were looking forward to that you feel you needed to do. You could not go off to the church or synagogue or what have you, off to camp to study more, or the mosque, that you could not go because financially you're too busy paying more every year into your health care insurance.

It's not on that individual that's trying to have adequate health care, Mr. Speaker and Members; it's on us. We have the responsibility, Democrats and Republicans, to meet that common ground to be able to make it happen.

Now, for those leaders, I must add, need it be here in Congress or in a State or in a local community, sitting on the sideline of the biggest debate that has everything to do with the multinational companies that are U.S.-based being at a competitive disadvantage because of the lack of policy here on this floor to set the stage so that health care costs are not where they are right now, they're at a disadvantage. And when they're at a disadvantage, that means that they cannot provide jobs. That goes all the way down to that small business.

I talk to small businessmen and women every day, need it be through e-mail or by talking on the phone. And they say, You know, Kendrick, it pains me when I try to buy insurance as an employer, and people don't talk about that a lot, based on the individuals that I employ and based on their health care background, I pay more because I'm in a rural part of Florida where, probably, the diet is not what it should be or whatever the case may be or family history or what have you, and that plays a factor.

I have talked to businessmen and women that have a plant here and a plant there, and it costs more for the plant over here in this county versus the other county. So I don't know what goes into this whole insurance coverage and what the executives look at, but I can tell you this: That's painful for that individual that's providing jobs, because they know that their insurance is not adequate enough to make sure that their employees who helped build their company to where it is today, who allow them to live in the house that they live in, who allow them to celebrate the kind of life that they celebrate—they care about those individuals because those individuals made their company and built their family name, if that company is named after their family, to what it is today. So there is an attachment that's there.

So I think it's important when we look at this health care issue, we have to look at it from the perspective that not only does it deal with everyday Americans, it deals with everyday business, and it deals with everyday health care workers.

I will close out this segment on this point: It's nothing like a health care worker, need it be a CNA, a certified nursing assistant, or an RN, a registered nurse, or a specialist, a doctor who has been in the profession and even primary care doctors; we are going to need a army of these primary care doctors in residency spots to be able to create what we call this medical home, so that people will have somewhere to go with their insurance card.

To have them in a profession that they know that's bleeding constantly and that's hooked up and that's in ICU because of the cost of insurance and the cost of coverage and the level of coverage that everyday Americans are receiving—we have public hospitals that are going under and that are finding themselves in budget crisis and even private hospitals where staffing levels have been cut back. And when you come to a State like mine in Florida, I helped pass the legislation as it relates to nursing home staffing levels, making sure that our frail and our most vulnerable have the kind of staffing that they deserve. But when it becomes a challenge on the reimbursement rate to be able to make sure that that staffer is there for that individual that has put their loved one in a nursing home or in a hospital, they should not have to watch.

I was in Gainesville just a week ago over the Labor Day holiday, and I talked to a young lady who came up to me at a picnic and said, Congressman, my mother is in the hospital.

She didn't know me. But she said, Since you're the congressman, I want to talk to you. My family works a schedule out to go sit with my mother in the hospital because the staffing level is not what it should be. That's what's going on out there.

Now, if something were to happen to me right now, Mr. Speaker, and I hope

it doesn't, but if something were to happen to me, I don't have to worry about anything. I will get over to Bethesda or somewhere. I don't have to worry about it because I'm covered. I'm a congressman.

□ 1700

People are going to put me in a room somewhere, I'll probably have a private room and an open mic, press the button, there will be no waiting for my care. But that's not what this is about.

So if we were to replace Members of Congress with people who have health care crises, then maybe we will have a better situation as it relates to bipartisanship to be able to find some common ground on health care.

So I challenge our Members here in this Congress, you can talk about the sideshows, you can talk about the small things that are going on—or they could be important back home—but when you have an issue like health care reform that's before this Congress, it took great courage against the naysayers to create Social Security, which is providing opportunities for individuals that, when they lose everything else, Social Security is there; when someone passes on and they're able to leave their survivor benefits, even if they didn't make the kind of money they would like to have made, they didn't leave the kind of inheritance that they would like to leave to their children, to be able to leave a survivor benefit for a child or a spouse.

Or when someone is injured on the job and they fall into disability, that Social Security is there. It's not going to pay for everything, but it's going to pay for something. You've been paying for it out of your check. You mess with Social Security now, you have a problem.

I'm so glad, Mr. Speaker, the 109th Congress, when the previous administration wanted to privatize Social Security and we fought it back with not only dialog on the floor, amendments in committee, holding town hall meetings back home, we fought it back. And if Social Security—and if folks had private accounts out there running in the stock market last September, where would Social Security be right now in the trust fund? Members, I want to make sure that everyone understands that it takes courage.

Medicare, in the sixties, you know, some naysayers, oh, the government is trying to—no one is trying to take over anything, just want to make sure that the seniors have coverage in their time when they need it at 65, that they can take the option. If they want to use their Medicare or they want to use their private insurance, that this country will not turn their back on them.

And now in this legislation we expand the Medicare trust fund and really work towards stomping out not only waste, but corruption, and also bringing it under some sort of control so that we don't find ourselves in a situation like what happened with Medicare

part D prescription drugs. Let's pass a great idea; let's not worry about how we're going to pay for it and increase the debt.

So I go back to saying, when the President said he would not sign a bill that would raise the deficit more than where it is right now, that was music to my ears because we're here—and I've been on the floor for almost 7 years now talking about these issues. Some of the individuals have been talking about the debt. I'm like, where were you when all of this was happening and you said nothing about it and you did nothing about it? And now we're trying to do something about it in a bipartisan way to make sure that we don't put on to the debt, which I think makes perfect sense.

But Medicare, looking at it from where it is right now, it is a public option. And the public option, I must say, Mr. Speaker, the small part of this bill is far more conservative than Medicare: A, you have to fall under a certain income requirement; B, you have to first go into the exchange to get the private insurance. But you also have to be insured and covered.

That means individuals that don't have skin in the game now, people that are saying, hey, I'm going to throw the dice, I'm going to go to CVS, I'm going to go to Walgreen's, I'm going to go to whatever store they go to and I'm going to medicate myself, and then I'm going to find myself in a situation to where I've got to go to the doctor because I have this lump in my neck or I have this pain in my side, or I finally went to the doctor after my wife or my significant other pushed me to go only to find out that now I have a situation that I must go in, now they find themselves in the emergency room. And everyone that has insurance can look forward to \$1,000, \$1,200 either in copays or premiums the following year because that individual was not insured. Now, some people make that choice of saying I just want extra money to spend; most make that choice because they can't afford insurance.

I think it's important that we note that Congress had courage to start Medicare; and because of that courage, so many seniors, 65 years old, have a Medicare card in their wallet. It's first up right under a driver's license or right under their debit card to pull out because it's the card that they pull because they have it. And now every town hall meeting that I had—and Mr. Speaker, I had town hall meetings, there were no requirements, you didn't have to come to my office and show that you live in the 17th Congressional District in Florida. You didn't have to go through the magnetometer before you came in; 500 seats, come in, sit. We're going to have a civil discussion, and if you disagree with any position that has been taken, respect the next person and allow that individual to speak.

That's American, that's bipartisan, and that's what we will continue to do,

Mr. Speaker, because when we pass this insurance reform as it relates to health care, that's not going to be the end. This plan right now, the way it stands, will not be fully implemented until 2013. That's a long time. Some of it will be implemented as it relates to patient rights and insurance rights faster than other components of the bill.

But I want to tell the Members and I want to share with the Members, as we go and we talk to our constituents, we should not just fall for the low-hanging fruit of saying, well, if someone is perfectly healthy and says, well, you know, I don't feel we need to do this, I think that it's important as a leader—because sometimes you have to share with people things that they may not see from a broader perspective—to say, yeah, I don't know what they're doing in Washington, they don't need to do—I mean, this Congress is made up of individuals that have been elected—especially here in the House, you have the greatest democracy here in this Chamber because you cannot be appointed to this unless you're appointed to be the Chair while we're trying to find a Speaker or what have you.

But as it relates to a general Member of Congress, there is a special election called. If someone was to come to the well and say, I'm resigning, there are no appointments; you have to be elected to this body. So this is democracy at its best, and nine times out of 10 come from the ranks of the legislature or some city council or an individual that just got fired up on an issue and started knocking on doors and found themselves in this Chamber.

But so many times in Washington we look at this change agenda, we get stuck on this thing of who we had lunch with last or how leaders get drawn out. I don't think that leaders come to Washington, D.C. to sell out; I think they're drawn out. And what I'm saying about being drawn out is that you find yourself walking around the Halls here in Washington, D.C. and you get enough people, how are you doing, Congressman, Senator, good to see you, you know, great speech, it was good, you know, you start listening to those individuals—even though it's okay to get compliments—versus those individuals that are back home that are fighting this health care crisis. We have to make sure that everyone understands that.

And so I tell my constituents, if you agreed with the last word out of my mouth or not, you tell me what you feel and we will have a discussion on it, and we will do the best to try to give you the kind of representation that you deserve. So I think it's important that we bring reality to this debate.

Mr. Speaker, I'm going to close by saying that it's important that we continue to get input from the public. It's important that we continue to share with our colleagues the importance of bipartisanship. It's important that we are responsible for what we say and put into the CONGRESSIONAL RECORD. It's

important that we allow this process to move forward so that we can have a working document from both House and Senate that can then go to Congress and that we can vote on this floor in the affirmative for.

In every piece of landmark legislation, Mr. Speaker and Members, there will always be sections and components of that legislation that a Member will disagree with. I haven't seen a Member say, you know, everything in that bill, I love it. That's like reading a book and saying, I agree with every chapter; I thought it was a good read. There is always some comment about that eighth chapter could have been a little better or more work could have gone into the twelfth chapter.

But I think it is very, very important that everyone understands, in the final analysis, when we look at health care reform, that every Member, every Governor, every mayor, every city council person, every Member of Congress has to be engaged and has to make sure that it is not about their health care; it's about the health care of the people that they represent.

So if you have health care, I'm bringing your health care costs down because you will have more of a choice and competition will be there to bring your health care down. If you have health care, the quality of your health care will go up, and you will be able to see your doctor and you will be able to continue to move on. And in the bill we have here under consideration in the House, if you leave your job, you can keep your health care.

The ongoing bleeding of Medicare will be repaired and reformed. The ongoing health care crises in so many communities that are weighing down small businesses will be better because of action. And so I think that there are some principles there that those of us that have been elected to lead—I'm not talking about standing on first base looking at second and saying I'm not going to try to steal second. I'm going to stand here and I'm going to let that person, when they hit, they may get a single, but I'm going to stand here to make sure that I can make it to second base. It's not time for that kind of leadership. It's time for you to cheat up to second base and try to take it because you're taking it because you want to win.

And we want to make sure that the people in this great country of ours win. We want to make sure that they have health care. We want to make sure that small businesses are able to provide health care for their employees. We want to make sure that health care providers can provide the most professional health care that they can. We want to make sure that we, as leaders here in Congress, that we go see the wizard and go get some courage, and get a heart while we're there, and share with people the things that should be shared with them even if it's the minority view. Discourse is good, action is better.

Mr. Speaker, it was, once again, an honor to come before the House, and I look forward to coming back. As we break for this week, hopefully we will come back ready to do business at the top of next week.

I feel good about the direction that this debate is going in; the Republican response after the President's address, a lot of things that we agree on. That means that we are heading north on this issue.

Thank you, Mr. Speaker. I yield back the balance of my time.

HEALTH CARE REFORM

The SPEAKER pro tempore (Mr. CARSON of Indiana). Under the Speaker's announced policy of January 6, 2009, the gentleman from Iowa (Mr. KING) is recognized for 60 minutes.

Mr. KING of Iowa. Mr. Speaker, as always, it is an honor to address you on the floor of the House of Representatives.

I came down to get my material. I had prepared to rebut the gentleman from Florida, and I found myself a little bit void with major objections with what he had to say; in fact, I appreciate the tone of the gentleman in his presentation, his delivery. We will find places where we disagree, and it's important that we find places also where we can agree.

I would say, Mr. Speaker, that it did not contribute to bipartisanship to have the resolution that addressed JOE WILSON here this week. That dropped a partisan divide down between this Chamber. And if anybody thinks we are more likely to get a good solution for America on health care or anything else because of that, they would be completely mistaken, Mr. Speaker. So I make that point at the beginning of this.

I appreciate the bipartisan dialogue of the gentleman from Florida. We recognize that we come from two different places philosophically. The world looks entirely different if you look at it from the side of constitutionalism and free enterprise and individual responsibility than it does if you look at it from the standpoint that the government should be providing the resources to people for whatever reason might be their misfortune.

In fact, I serve on the Judiciary Committee, and I've been on that committee, between Congress and my time in the Iowa Senate, my 13th year. I'm one of those rare nonlawyers on the Judiciary Committee, Mr. Speaker, and so I tell the lawyers that that gives me a decided advantage in my approach.

□ 1715

In any case, this country is a country that is established on the rule of law, on our constitutional values and on personal responsibility. When we do those things that take away personal responsibility and when we punish the people who are the most productive among us and when we take away their

incentives to continue to be more productive, they have more of a tendency than to slow down their productivity. Some of them stop. Some of them will decide, well, I can't keep funding this government that's asking for more and more of the sweat from my brow or is asking for the return on the capital that they have formed, so they give up or they move their companies overseas to places like China or India or they simply don't add onto the production line of the factory. Whatever the case may be, we get less growth in our economy when we punish the people who are producing.

Ronald Reagan had a way of expressing that, and I don't know if I can get it exactly right: If you tax something, then you are punishing it. If you subsidize something, you can expect it to grow because whatever you subsidize will grow, and whatever you tax will shrink. Reagan had a clear understanding of this, and we need to have a better understanding here amongst the consensus in the House of Representatives. There always is another story. There always is another anecdote. There always is another tear-jerking way of looking at an individual case or even at aggregating some smaller cases that may not represent the broader whole.

We need to be a wise body in the House of Representatives, a wise body that looks at empirical data and that understands the psychology of the people in this country. Our job is to improve the average annual productivity of the people in the United States of America. If we do that, we will increase then the average annual productivity, of course, and it will improve the quality of life, the standard of living, and it will expand technology and medicine—anything you want to address. Yet, if we turn the safety net into a hammock, if we take that net that keeps them out of the bottom and we crank it up to the point where it becomes a hammock, then people will lay in that hammock and will take it easy, and they won't be using their best skills. Their incentives go away as you raise the safety net up and as it turns into a hammock.

So we've had an intense health care debate going on here, and I'm very grateful for this. I'm grateful that we're able to have the time throughout the month of August to have town hall meetings all across this country—town hall meetings in Florida as the gentleman previous just said. There have been all kinds of town hall meetings in Iowa. In every State that I know of, Members of Congress have had town hall meetings.

Mr. Speaker, at this point, I want to thank my senior Senator, CHUCK GRASSLEY from Iowa, for engaging in the negotiations, in the debate and in the dialogue on the health care issue on the Senate side. It may well have been the single most important key factor that allowed for the debate in health care to be extended through the

month of August and past Labor Day to get us to this point in September where we are. If it hadn't been for Senator CHUCK GRASSLEY's having negotiated these health care issues within that Gang of Six in the United States Senate, it's possible and maybe even likely that they would have found a way to ram a bill through this Chamber, to put it through the Senate and through the House and on President Obama's desk before the August break.

If that had happened, the TEA party people would have had a different reason to come to town if they'd come at all. If that had happened, the town hall meetings never would have taken place in that way. They would have seen that they'd gotten run over by Big Government. By the way, this getting run over by Big Government isn't something that has just to do with health care at all. It's the current issue of Big Government's seeking to run over the individual freedoms of the American people.

We have watched—and this would be the 17th of September, today. Now, the day after tomorrow will mark the 1-year anniversary that Secretary of the Treasury Henry Paulson came to the Capitol and insisted that we present him with a \$700 billion check so that he could buy up the toxic debt that's on the financial markets and could avert a financial meltdown, a loss of confidence in our currency and in the financial institutions, which could have caused the global economy to crash. That's how it was presented to us by the Secretary.

He said, Give me \$700 billion, and I can't have any strings attached. If you have any ideas, don't try to offer them, he said, because I've been working on this for 13 months, and you've only known about it for 24 hours. So, therefore, whatever you come up with will only make my good idea worse, so just be quiet, and give me the money. That was essentially it.

We advised him, when you ask for \$700 billion in taxpayer dollars, you've stepped into the political arena. It isn't just a matter of being shielded in the U.S. Treasury, so it was a little harder for him. In the end, he got \$350 billion with another \$350 billion that was earmarked for the next year, which was to be approved by a Congress to be elected later and to be signed by a President to be elected later. This is what was going on almost a year ago today: Henry Paulson's trip to the Capitol at a time when he predicted that there was going to be a major financial meltdown of global finances, the U.S. economy being at the heart of it and leading it.

Now, he couldn't guarantee us nor could he predict that his effort and strategy with the TARP money, with the \$700 billion in TARP money, would actually be successful, but he did predict that, if we didn't do that, we would have an economic meltdown at least to some significant degree. That was a year ago.

Since that period of time, by the way, President Obama flew into town